

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5267107

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4			1			
5						
6						
7						
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	10	←	10	←		←
TOTAL CLAIMS	11		20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						